


Confidential



Electrically Heated Cigarette Smoking System

Overview of JLI EHCSS

SAB Meeting
Washington, November 7-8, 2001

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Product Attributes

- Reduced smoke constituents identified as potentially harmful by public health authorities
- No sidestream smoke
- No ash
- Reduced odor
- No burning between puffs
- Reduced risk of fires from carelessly handled lit-end cigarettes

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Major Learning's Since Launch

- In both countries (USA & JP), reasons for discontinuing or situational use are:
 - ◊ Primarily Taste-related
 - High resistance to draw
 - Perceived harshness
 - Not enough taste
 - Not enough puffs per cigarette
 - ◊ Inconvenience
 - Charging time
 - Cigarette per charge
 - Break-off of the cigarette

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Lighter Evolution


Current Market (E4)
08/1998 Richmond
01/1999 Osaka

JLI
Formaldehyde Reduction
Improved Draw
Improved Shape

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Series E4 Heater




- E4
 - ~ Electrical Heating
 - ~ Rear Entry Air
 - ~ RTD of System Controlled by Heater
 - ~ First Puff Relief
 - ~ 14mm Burn Length
 - ~ 8 mil Blade Thickness
 - ~ Product ID

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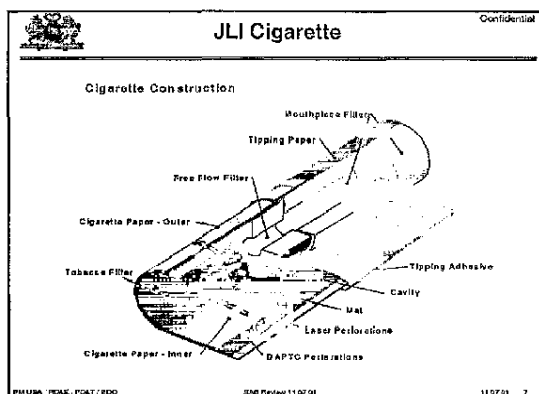
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Series JLI Heater



- JLI
 - ~ Water Cleanable
 - ~ Sealed Cigarette End
 - ~ Directed Front Entry Air (Air Channel Insert)
 - ~ 14mm Burn Length
 - ~ 8 mil Blade Thickness
 - ~ Product ID

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Lighter Attributes Comparison Confidential

Commercial Product

Change Area	Current Market (E4)	JLI
Total Energy	29.1 Joules	29.7 Joules
Heater Energy Control	8 msec pulse width	4 msec pulse width
Preheat	Fixed on time (no energy control)	Fixed Joules (energy control) 5 Joules / Blade
System RTD	RTD controlled by Heater 97 mm RTD	RTD controlled by sealing the cigarette in the lighter (cup in post) 28 mm RTD
Air Flow Control	Fall in Heater	Air Holes in Heater Internal Air Channel Insert (Atrial) with slots to accommodate chokeholes
Latency	300 msec	130 msec
Puff Sensor Tip/por	28mm H ₂ O	8mm H ₂ O
Puff Sensor Delay Software	70 msec	40 msec
Heater Cleaning System	Electric heater with catalyst	Hand Operated Brush Unit
Battery Capacity	Full power for 19 cigarettes (8 puffs)	Full Power for 19 cigarettes (8 puffs each) Reduced circuit losses Sleep Mode

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Cigarette Attributes Comparison Confidential

Commercial Product

Change Area	Current Market (E4)	JLI
Mat Composition	170 gm Basis Weight 9.0% Glycerin	205 gm Basis Weight 10.5% Glycerin
Cigarette Configuration	62 mm Overall Length 22 mm Tobacco Rod 30 mm Filter Rod Mat Perforation Only	65 mm Overall Length 22 mm Tobacco Rod 30 mm Filter Rod Mat Perforation Cigarette Perforation
Cigarette Paper	CaCO ₃ Filler (30%) with Citrate 28 gm Basis Weight 30 G Porosity	AMP Monohydrate (30%) 28 gm Basis Weight 30 G Porosity
Cut Filter	205 mg/28	205 mg/28
HAZ ID	3.95 mm	3.3 mm

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Test Lighter Comparison Confidential

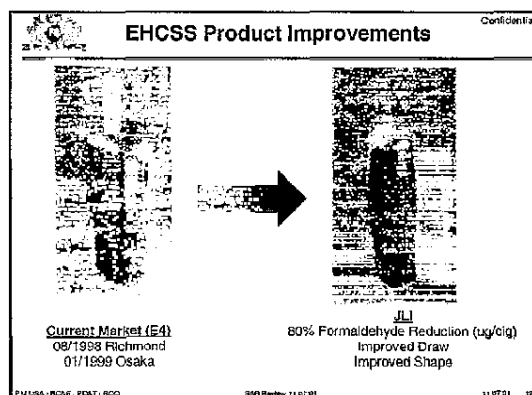
Change Area	"EHCSSE"	"EHCSSE-JLI"
Lighter Body	Modified E4 Lighter	Richmond Study Lighter
WBA Study	Hydra Inhalation Study	Hydra Inhalation Study
Total Energy	28.8 Joules	28.7 Joules
Heater Energy Control	8 msec pulse width	4 msec pulse width
Preheat	12 cycles 610 128 sec / Blade full power	Fixed Joules (energy controlled) 5 Joules / Blade
System RTD	RTD controlled by sealing the cigarette in the lighter (cup in post) 25 mm RTD	RTD controlled by sealing the cigarette in the lighter (cup in post) 25 mm RTD
Air Flow Control	Air Holes in Heater Internal Air Channel Insert (PEER)	Air Holes in Heater Internal Air Channel Insert (Male) with Slots to accommodate chokeholes
Latency	300 msec	50 msec
Puff Sensor Tip/por	28mm H ₂ O	1 mm H ₂ O
Puff Sensor Delay Software	70 msec	40 msec

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Test Cigarette Comparison Confidential

Change Area	EHCSSE-CHCO3-F	EHCSSE-AMP-F	EHCSSE-AMP-JLI
Mat Composition	205 gm Basis Weight 10.5% Glycerin	No Change	No Change
Cigarette Configuration	65 mm Overall Length 22 mm Tobacco Rod 30 mm Filter Rod Mat Perforation Cigarette Perforation	No Change	No Change
Cigarette Paper	CaCO ₃ Filler (30%) 28 gm Basis Weight 30 G Porosity	AMP Monohydrate (30%) 28 gm Basis Weight 30 G Porosity	No Change
Cut Filter	205 mg/28	No Change	No Change

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Proposed Agenda

- Overview of Philip Morris' Reduced Harm Program
- Clinimetrics Overview
- Clinimetrics General Monitoring Plan
- Clinimetrics Findings
- Query Resolution
- General Discussion

Putting Science to Work



Clinimetrics

A Global, Full-Service CRO

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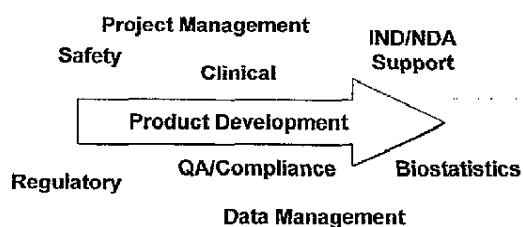
Global Presence



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Full Service Capabilities



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Qualified Staff

- 330 Worldwide Employees
 - 59 Project Management
 - 140 Clinical
 - 52 Biometrics
 - 9 Medical Safety/Quality Assurance
 - 70 Professional and Support
- Experience
 - Average 6 Year Clinical Research Experience
 - Over 80% Hold Graduate Degrees and / or Clinical Certifications (R.N., P.A., R.Ph., M.D., etc.)
 - Multi-lingual

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Confidence In Working With Clinimetrics

- Private, profitable since inception
- Lean, informal management structure
- Efficient decision-making
- Collaborative culture, encourage open/proactive communication
- Employee owned, low staff turnover (<12%)
- 80% of revenue from repeat business
- "Quality partnerships"

Putting Science to Work



Therapeutic Experience


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Putting Science to Work

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Philip Morris Experience

- 7 US studies:
 - 466-03
 - 466-04
 - 466-05
 - 473-01
 - 473-02
 - 473-03
 - 473-04



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- 7 US studies:
 - 466-03
 - 466-04
 - 466-05
 - 473-01
 - 473-02
 - 473-03
 - 473-04

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Commitment

- **Experienced Professional Staff**
- **Dedication to Client's Objectives and Timelines**
- **Accountable Project Management System**
- **Emphasis on Communications, Planning and Problem Solving**



Putting Science to Work

- **Experienced Professional Staff**
- **Dedication to Client's Objectives and Timelines**
- **Accountable Project Management System**
- **Emphasis on Communications, Planning and Problem Solving**

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Monitoring Approach for Philip Morris

- Good Clinical Practice/ICH Guidelines
- Monitoring Responsibility
- Monitoring
 - General
 - Protocol specific

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Good Clinical Practice (GCP)

- What is GCP?
 - ICH Guidelines
 - US Code of Federal Regulations (CFR)
- Who is responsible?
 - Sponsor
 - Investigator
 - Monitor

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Good Clinical Practice

GCP is a standard for the design, conduct, performance, monitoring, auditing, recording, analysis, and reporting of clinical trials.

- What is the purpose?
 - To protect the rights, safety, and well-being of the patient or study participant
 - To insure the data collected and conclusions drawn are accurate and credible

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History of Regulations

- **ICH Guidelines, May 1997**
 - Adopted by the EU, Japan, and the US
 - Improve quality and reliability of data
 - Study could be conducted using the same standards
 - Studies conducted under a US IND must also comply with FDA regulations, CFR-Title 21, Parts 11, 50, 54, 56, 312, and 314

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Responsibility of Clinimetrics

- **Monitor progress of study in accordance with**
 - Protocol
 - FDA Code of Federal Regulations
 - ICH GCP guidelines
 - SOPs

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Responsibility of Clinimetrics (cont.)

- **IRB Approval and Correspondence**
- **Informed Consent Form**
- **Source Document Verification**
- **Investigational Product**

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Monitoring of Philip Morris protocols

- Assist site in establishment of SOPs to enhance study conduct
- Proactive resolution of discrepancies
- Site GCP training

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Clinimetrics Monitoring Plan

- Purpose
- Monitoring Overview
- CRA Administrative Responsibilities
- Data Review
- Regulatory Documents Review
- Drug Accountability Review
- SAE Reporting

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Common Discrepancies

- Transcription errors
- Protocol deviations
 - Inclusion/Exclusion
 - Use of forbidden medication, non-study cigarettes, non-study lighter
- Obtaining informed consent

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Clinimetrics and MDS Pharma

- Synergy developed
 - Mutual respect for professional abilities and judgments
 - Willingness to exchange ideas and learn from one another
 - Shared commitment to do excellent research

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Project No. EHCJII/01/02 (466-03)

- Closed: July 2002
- First study presented the biggest challenges
 - Study completed prior to Clinimetrics involvement
 - Regulatory Binder
 - Informed consent process
 - Topography devices
 - Product accountability

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Project No. EHCJII/02/02 (466-04)

- Ongoing: monitoring to complete 3Q 2003
- Improvements
 - Product accountability
 - Informed consent process
- Challenges
 - Higher drop rate
 - Questionnaires
 - Accessibility to printed data

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Project No. EHCJLI/03/02 (466-05)

- Close-out scheduled: March 31-April 1, 2003
- Challenges
 - Study conducted at PAREXEL-Baltimore CPRU
 - 3rd cohort was added resulting in timeline shifts
 - Change in management staff
 - Topography device malfunctions
 - Accessibility to data

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Project No. SCoR2003-6/01/02 (473-01)

- Close-out visit completed: February 2003
- Very clean study
 - Minor ICF issues
 - Collection of topography data improved

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Project No. SCoR2003-6/02/02 (473-02)

- Subject completion on February 10, 2003
- Initial review of CRFs delayed until March 10, 2003
- To date
 - Complete ICF review
 - Complete product accountability
 - Screening questionnaire
- Complete monitoring in early April 2003

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Project No. SCoR2003-11/01/03 (473-03)

- Awarded in December 2002
- Subjects started/completed in January 2003
- To date:
 - Complete ICF review
 - Complete product accountability

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Project No. SCoR2003-11/02/03 (473-04)

- Awarded in December 2002
- Enrollment in January 2003
- To date:
 - Complete ICF review
 - Initial regulatory review

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Working Globally

Working Locally

Working Science

